

<i>SERFF Tracking Number:</i>	<i>JEPT-126307362</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Lincoln National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43521</i>
<i>Company Tracking Number:</i>	<i>GL1101-10.2 TG PSTD</i>		
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.002 Short Term</i>
<i>Product Name:</i>	<i>Portability</i>		
<i>Project Name/Number:</i>	<i>2009 STD Portability/GL1101-10.2 TG PSTD</i>		

Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: Portability

SERFF Tr Num: JEPT-126307362 State: Arkansas

TOI: H11G Group Health - Disability Income

SERFF Status: Closed-Approved-Closed
Closed

Sub-TOI: H11G.002 Short Term

Co Tr Num: GL1101-10.2 TG PSTD State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Matt Rotundo, Debbie Turek, Benjamin Davis

Disposition Date: 09/17/2009

Date Submitted: 09/16/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2009 STD Portability

Status of Filing in Domicile: Authorized

Project Number: GL1101-10.2 TG PSTD

Date Approved in Domicile: 02/05/2008

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 09/17/2009

Explanation for Other Group Market Type:

State Status Changed: 09/17/2009

Deemer Date:

Created By: Benjamin Davis

Submitted By: Benjamin Davis

Corresponding Filing Tracking Number:

Filing Description:

Re: Group STD Portability Trust Form Filing

The forms represent STD coverage issued through a Nebraska sitused Trust, (issued to U.S. Bank, as Trustee, for The Lincoln National Life Insurance Company Portability Trust), that will be provided to an insured who elects to port (continue his coverage) for a period of time upon employment terminating for a reason other than disability, retirement or leave of absence under a group policy.

The ported coverage is intended as a benefit to insureds by allowing them to keep disability income protection inforce

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TOI: H11G Group Health - Disability Income Sub-TOI: H11G.002 Short Term
Product Name: Portability
Project Name/Number: 2009 STD Portability/GL1101-10.2 TG PSTD

(standardly for up to 12 months) after group coverage is lost. The employers choose on the front end of the group sale to provide this conversion benefit to their employees. Submitted Policy Form GL1101-10.2 TG PSTD and Certificate Form GL1102-8.2 TG PSTD will be used with our STD group policies and certificates to describe the portability option available when employment terminates with the group.

The STD coverage provides the option of basing Disability on an insured's inability to perform the duties of his/her occupation under his/her former employer (which will be our standard); or to base it on the insured's inability to perform in his/her current occupation, or the inability to perform Activities of Daily Living, if the insured is currently unemployed. The ported STD coverage is not integrated with other benefits. Partial disability benefits are not provided.

The forms attached to this filing do not affect our current Arkansas rates.

We now request approval of these forms in order to provide a portability option to insured persons.

Sincerely,

Benjamin A. Davis
Compliance Analyst, Insurance Products Compliance

Voice: (800) 423-2765 ext. 7495
Fax: (402) 361-2568
E-Mail: benjamin.davis@LFG.com

Company and Contact

Filing Contact Information

Ben Davis, Compliance Specialist Benjamin.Davis@lfg.com
8807 Indian Hills Drive 402-361-7495 [Phone]
Omaha, NE 68114 402-361-2568 [FAX]

Filing Company Information

The Lincoln National Life Insurance Company	CoCode: 65676	State of Domicile: Indiana
350 Church Street	Group Code: 20	Company Type: Group
Hartford, CT 06103	Group Name:	State ID Number:
(800) 423-2765 ext. [Phone]	FEIN Number: 35-0472300	

Filing Fees

SERFF Tracking Number: JEPT-126307362 *State:* Arkansas
Filing Company: The Lincoln National Life Insurance Company *State Tracking Number:* 43521
Company Tracking Number: GL1101-10.2 TG PSTD
TOI: H11G Group Health - Disability Income *Sub-TOI:* H11G.002 Short Term
Product Name: Portability
Project Name/Number: 2009 STD Portability/GL1101-10.2 TG PSTD

Fee Required? Yes
Fee Amount: \$70.00
Retaliatory? Yes
Fee Explanation: \$35.00 per form x 2 forms = \$70.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$70.00	09/16/2009	30593319

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<i>Company Tracking Number:</i>	<i>GL1101-10.2 TG PSTD</i>		
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.002 Short Term</i>
<i>Product Name:</i>	<i>Portability</i>		
<i>Project Name/Number:</i>	<i>2009 STD Portability/GL1101-10.2 TG PSTD</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/17/2009	09/17/2009

<i>SERFF Tracking Number:</i>	<i>JEPT-126307362</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Portability</i>		
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Disposition

Disposition Date: 09/17/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Portability	Approved-Closed	Yes
Form	Portability	Approved-Closed	Yes

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Company Tracking Number: GL1101-10.2 TG PSTD

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.002 Short Term

Product Name: Portability

Project Name/Number: 2009 STD Portability/GL1101-10.2 TG PSTD

Form Schedule

Lead Form Number: GL1101-10.2 TG PSTD

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/17/2009	GL1101-10.2 TG PSTD	Policy/Cont Portability ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.600	10_2TG PSTD.pdf
Approved-Closed 09/17/2009	GL1102-8.2 TG PSTD	Certificate Portability Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.800	8_2TG PSTD.pdf

PORTABILITY

ELIGIBILITY. This Policy provides portability [for up to 12 months], when an Insured Person's insurance under this Policy terminates because his or her employment with the Employer ends; provided:

- (1) the Insured Person is not disabled, retired or on a leave of absence; and
- (2) the Insured Person was insured under the Employer's short term disability plan [for at least 12 months in a row], just prior to the date employment ended. [The 12 months may be a combination of coverage under this Policy, and under any prior group short term disability plan this Policy replaces.]

Continuation of insurance under the Portability provision will follow any state required continuation or other continuation allowed under the Ceasing Active Work section of this Policy.

Portability is not available to an Insured Person whose insurance terminates because:

- (1) the Insured Person's Employer ceases to be a Participating Employer; or
- (2) this Policy is terminated by the Employer or the Company.

NOTE: THE BENEFITS CONTINUED UNDER THE PORTABILITY PROVISION ARE NOT THE SAME BENEFIT PROVISIONS PROVIDED UNDER THIS POLICY.

APPLICATION. To continue insurance under the Portability provision, written application and the first premium payment must be made within 31 days of the date insurance ends under this Policy.

AMOUNT OF COVERAGE. The amount of continued insurance may not exceed the amount in force when employment ends. Continued insurance may not be increased. A former Employee may decrease the amount of continued insurance:

- (1) at any time during the continuation period;
- (2) by completing a request form supplied by the Company.

The decrease will take effect on the first day of the Insurance Month after the Company receives the request.

[Continued insurance will be subject to any reduction on account of age, as shown in the Schedule of Insurance.]

PAYMENT OF PREMIUMS. Premiums for continued insurance under the Portability provision shall be derived solely from the Insured Person's contributions. For Portability coverage to become effective and remain in effect, each Insured Person shall make premium payment for his or her continued insurance directly to the Company, on or before each premium due date. The Company will send each Insured Person a billing statement in advance of each premium due date. The Insured Person is responsible for paying all premiums as they become due.

The required premium will equal:

- (1) the rate in effect for the continued coverage provided under the Portability Trust Policy; plus
- (2) a direct billing fee.

TERMINATION OF COVERAGE. Continued insurance will end on the earliest of:

- (1) the date insurance under this Portability provision has been continued for 12 months;
- (2) the date the Portability Trust Policy terminates; but without prejudice to any claim incurred prior to termination;
- (3) the last day of the Insurance Month in which termination of the continued insurance is requested;
- (4) the end of the period for which premium has been paid;
- (5) the date the Insured Person dies [or retires];
- (6) the date the Insured Person enters the armed services of any state or country on active duty; except for duty of 30 days or less for training in the Reserves or National Guard. (If the Insured Person sends proof of military service, the Company will refund any unearned premium);
- (7) the date the Insured Person is reinstated for coverage under this Policy; or
- (8) the date the Insured Person is covered under any other group short term disability plan.

PORTABILITY

ELIGIBILITY. The Policy provides portability [for up to 12 months], when your insurance under the Policy terminates because your employment with the Employer ends; provided:

- (1) you are not disabled, retired or on a leave of absence; and
- (2) you were insured under the Employer's short term disability plan [for at least 12 months in a row], just prior to the date employment ended. [The 12 months may be a combination of coverage under the Policy, and under any prior group short term disability plan the Policy replaces.]

Continuation of insurance under the Portability provision will follow any state required continuation or other continuation allowed under the Ceasing Active Work section of the Policy.

Portability is not available to you if your insurance terminates because:

- (1) your Employer ceases to be a Participating Employer; or
- (2) the Policy is terminated by the Employer or the Company.

NOTE: THE BENEFITS CONTINUED UNDER THE PORTABILITY PROVISION ARE NOT THE SAME BENEFIT PROVISIONS PROVIDED UNDER THE POLICY.

APPLICATION. To continue insurance under the Portability provision, written application and the first premium payment must be made within 31 days of the date insurance ends under the Policy.

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- (1) at any time during the continuation period;
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The decrease will take effect on the first day of the Insurance Month after the Company receives the request.

[Continued insurance will be subject to any reduction on account of age, as shown in the Schedule of Insurance.]

PAYMENT OF PREMIUMS. Premiums for continued insurance under the Portability provision shall be derived solely from your contributions. For Portability coverage to become effective and remain in effect, you must make premium payment for your continued insurance directly to the Company, on or before each premium due date. The Company will send you a billing statement in advance of each premium due date. You are responsible for paying all premiums as they become due.

The required premium will equal:

- (1) the rate in effect for the continued coverage provided under the Portability Trust Policy; plus
- (2) a direct billing fee.

TERMINATION OF COVERAGE. Continued insurance will end on the earliest of:

- (1) the date insurance under this Portability provision has been continued for 12 months;
- (2) the date the Portability Trust Policy terminates; but without prejudice to any claim incurred prior to termination;
- (3) the last day of the Insurance Month in which termination of the continued insurance is requested;
- (4) the end of the period for which premium has been paid;
- (5) the date you die [or retire];
- (6) the date you enter the armed services of any state or country on active duty; except for duty of 30 days or less for training in the Reserves or National Guard. (If you send proof of military service, the Company will refund any unearned premium);
- (7) the date you are reinstated for coverage under the Policy; or
- (8) the date you are covered under any other group short term disability plan.

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Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	09/17/2009
Comments:		
Attachment:		
FL091609 STD AR Portability Readability.pdf		

	Item Status:	Status
		Date:
Bypassed - Item: Application	Approved-Closed	09/17/2009
Bypass Reason: N/A to this filing.		
Comments:		

	Item Status:	Status
		Date:
Satisfied - Item: Statement of Variability	Approved-Closed	09/17/2009
Comments:		
Attachment:		
FL091609 STD AR Portability Variability.pdf		

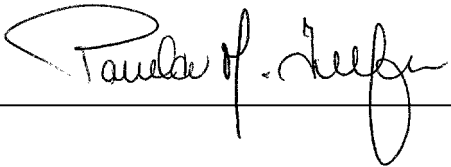
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

READABILITY CERTIFICATION

This is to certify that the forms shown below have achieved the indicated Flesch Reading Ease Score.

FORM NO.
GL1101-10.2 TG PSTD
GL1102-8.2 TG PSTD

FLESCH SCORE
51.6
51.8

A handwritten signature in black ink, appearing to read "Pamela M. Telfer", is written over a horizontal line.

(An Officer of the Company)
Pamela M. Telfer
Assistant Vice President - Compliance

STATEMENT OF VARIABILITY

SHORT TERM DISABILITY

for use with

Group Policy Series GL1101 and Group Certificate Series GL1102

GL1101-10.2 TG PSTD, GL1102-8.2 TG PSTD

Statement of Variable Material: Variable material is denoted in the forms by underlining or bracketing. The following variability is requested.

Forms GL1101-10.2 TG PSTD and GL1102-8.2 TG PSTD

Policy form GL1101-10.2 TG PSTD and certificate form GL1102-8.2 TG PSTD are for use with the true group policies from which the insured ports his or her coverage. The insert pages will be used with our STD group policies and certificates to describe the portability option available when employment terminates under the group.

The time period of 12 months duration within the form for ported coverage is variable to range from 3 months to 36 months to accommodate an employer's request. 12 months is our standard. The 12 months shown in the prior insurance requirement is variable to range from 30 days (1 month) to 24 months. 12 months is our standard. The prior insurance requirement is bracketed so that the phrasing may be omitted in entirety. If removed, as long as the insured was covered under the employer's STD plan just prior to the date employment ended, the insured will be eligible to port. We also request that the sentence be variable to omit only that gives credit for time covered under a prior plan to the prior insurance requirement.

The 31-day application period is variable to be extended up to 90 days. 31 days is our standard.

The bracketed sentence that "Continued insurance will be subject to any reduction on account of age..." is filed as variable to omit only.

The underlined expression of dates are variable throughout, so that coverage can end on the date, the day following, first day of the month coinciding with or next following, first day of the month following, the last day of the month following, last day of the payroll cycle/pay period, or any other specified day following the events listed. The bracketed reference to "or retires" is variable to omit only. Any of the bracketed termination reasons shown in items (1) through (8) are variable to omit only.
date is variable.